STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000562	A. BUILDING: _____ B. WING _____	R-C 03/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY NORTHVIEW CARE CENTER	1235 W CROSS ST ANDERSON, IN 46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00123277. Complaint IN00123277 corrected Survey date: March 8, 2013 Facility number: 000562 Provider number:155718 Aim number: 100267150 Surveyor: Debora Barth, RN Census bed type: SNF: 8 SNF/NF: 52 Residential: 23 Total: 83 Census payor type: Medicare: 20 Medicaid: 30 Other: 33 Total: 83 Residential Sample: 3 Community Northview Care Center was found to be in compliance with 42 CFR Part 483, Subpart B and IAC 16.2 in regard to the PSR to the investigation of Complaint IN000123277. Quality review completed on March 11, 2013 by Randy Fry RN.	{R 000}		